FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL										
OMB Number:	3235-0076									
Expires:	April 30, 2008									
Estimated aver	age burden									
hours per respon	se 16.00									

95810

SEC US	SE ONLY
Prefix	Serial
DATER	ECEIVED
ì	1

Name of Offering(check if this is an amendment and name has changed, and indicate change.) Guardian Enterprise Group, Inc.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: Amendment	ULOE AN RECEIVED
A. BASIC IDENTIFICATION DATA	< SEP 2 3 4001 //
1. Enter the information requested about the issuer	Page /se/
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Guardian Enterprise Group, Inc.	200
Address of Executive Offices (Number and Street, City, State, Zip Code) 3948 Townsfair Way, Suite 220, Columbus, OH 43219	Telephone Number (Including Area Code) 614-416-6080
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Operates a television staton and a professional employer organization.	PROCESSED
Type of Business Organization Corporation Dimited partnership, already formed Other (pl Dusiness trust Dimited partnership, to be formed	lease specify): SEP 27 2007
Actual or Estimated Date of Incorporation or Organization: Month Year	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

-ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Schilg, Richard C.
Business or Residence Address (Number and Street, City, State, Zip Code) 3948 Townsfair Way, Suite 220, Columbus, OH 43219
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Weise, Paul
Business or Residence Address (Number and Street, City, State, Zip Code) 3948 Townsfair Way, Suite 220, Columbus, OH 43219
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Carl, Frank
Business or Residence Address (Number and Street, City, State, Zip Code) 3948 Townsfair Way, Suite 220, Columbus, OH 43219
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Rensetti, Robert O.
Business or Residence Address (Number and Street, City, State, Zip Code) 3948 Townsfair Way, Suite 220, Columbus, OH 43219
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Bring, Dale V.
Business or Residence Address (Number and Street, City, State, Zip Code) 3948 Townsfair Way, Suite 220, Columbus, OH 43219
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

													
<u>. </u>		<u> </u>	<u> </u>	 	BT	NFORMA1	TION ABO	UT OFFEI	NG		, <u> </u>	<u> </u>	· .
1.	Has the	e issuer sole	d, or does th	e issuer into	end to sell,	to non-accr	edited inves	tors in this	offering?	*****************		Yes ⊠	No □
				Answer	also in App	endix, Colu	mn 2, if fili	ng under U	LOE.				
2.	What i	s the minin	num investm	ent that wil	ll be accept	ed from any	individual?	·				\$ 1,000.00	
												Yes	No
3.		_		_		unit?						\boxtimes	
4.						ho has bee of purchase							
						ent of a brok ore than five							
						for that bro			u are associ	ateu person	s or such		
_		(Last name	first, if indiv	vidual)									
Non		Residence	Address (N	umber and	Street City	, State, Zip	Code					 -	
		Residence	7.00.035 (11)			, State, Zip							
Nam	ne of As	sociated Br	roker or Dea	ler									
State	es in W	hich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
	(Che	eck "All Sta	ites" or chec	k individua	l States)						· · · · · · · · · · · · · · · · · · ·	🗆 🗸	All States
Ī	AL	AK	ĀZ	ĀR	CA	co	ट्ग	DÉ	DC	FL	GA	н	П
	īL	N	ĪĀ	KS	KY		ME	MD	MA	MI	NZ	MS	МО
_	мт	NE	₩ <u></u>	NH	נא	MM	₩.	NC	ND	OH	Ďκ]	OR	PA
	RI	SC	[D]	[2]	TX	(UR	VT.	VA)	WA.		W .	WY	PR
		لــا	لسنيا		1.7	6.1	لنظ	اكتا	اتت	لتنا	ليتا	<u>[** 1</u>]	[1.4]
Full	Name (Last name	first, if indiv	(idual)									
Buşi	ness or	Residence	Address (Nu	imber and S	Street, City.	, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·					·
Nam	e of As	sociated Br	oker or Dea	ler									
State	s in W	nich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
	(Che	ck "All Sta	tes" or checl	k individual	States)	. <i></i>		· · · · · · · · · ·				🗖 A	di States
į,	AL	AK	AZ]	AR	CA	CO	टा	DE	DC	FL	GA	HI	ID
ř	IL	[IX]	IA]	KS	KY		ME	MD	MA	MI	MN	MS	МО
Ŀ	MT	NE	[V]	NH	[2]	NM	VY	NC	D D	OH	Бκ	OR	
	RI	SC	<u>[]</u>			==	=	=	=	===	=		PA
Ľ		30	<u> </u>	IN	الكنا	ហា	VT	VA	WA	wy	WI	WY	PR
Full	Name (Last name i	first, if indiv	idual)									
Busin	ness or	Residence	Address (Nu	mber and S	Street, City,	State, Zip (Code)						
Name	e of Ass	sociated Bro	oker or Deal	er	-								
State	s in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
_			tes" or check								<u></u> .	🔲 A	Il States
<u> </u>	\L]	AK	AZ)	AR	CA	co	<u> </u>	DE	DC	FL	GA	HI	D
[1	IL]	IN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
<u> </u>	ИΤ	NE	4v	νн	ĹИ	NM	NY	NC.	ND	ОН	рκ	OR	PA
[RI	SC	SD	TN	TX.	UT	VT	VA	WA	WV	WI	WY	PR

	(Use blank sheet, or copy and use additional copies of this sheet, as necessary	essary.)				
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS				
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	A		_		A 1
	Type of Security	Aggregate Offering Price		Д	Sold	-
	Debt\$		_ :	\$_		
	Equity\$	5,000,000	<u>)</u>	\$_	50	5,000
	Common Preferred					
	Convertible Securities (including warrants)		_ :	\$_		
	Partnership Interests\$		_ :	\$_		
	Other (Specify)			\$_		
	Total\$	5,000,000) (\$_	50	5,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		ī	Aggre Dollar A	-
		Investors			of Purch	
	Accredited Investors	18		\$	5	05,000
	Non-accredited Investors	0	,	\$		0
	Total (for filings under Rule 504 only)	18	_	\$	5	05,000
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering	Type of Security		I	Dollar A Sold	
	Rule 505			\$		
	Regulation A			\$		
	Rule 504			\$		
	Total	0		\$		0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees	П		\$		
	Printing and Engraving Costs	=		* \$		5,000
	Legal Fees			_		10,000
	Accounting Fees			_		1,000
	u	<u>23</u>		· 🕳		

American LegalNet, Inc. www.USCourtForms.com

16,000

□ \$_____

□ s_____

□ s____ ⊠ s____

Other Expenses (identify)

Total

	b. Enter the difference between the aggregate and total expenses furnished in response to Part	offering price given in response to Part C — C — Question 4.a. This difference is the "ad	Question I justed gross				
_	proceeds to the issuer."					\$	489,000
5.	Indicate below the amount of the adjusted gross each of the purposes shown. If the amount for check the box to the left of the estimate. The to proceeds to the issuer set forth in response to	or any purpose is not known, furnish an e otal of the payments listed must equal the ad	stimate and				
			rence is the "adjusted gross or proposed to be used for or, furnish an estimate and ust equal the adjusted gross e. Payments to Officers, Directors, & Particle State of the Affiliates Show the state of the State of				
					-	Da	yments to
						ГЕ	Others
	Salaries and fees		[s _	1	⊐ s_	
	Purchase of real estate	***************************************		\$_			
	Purchase, rental or leasing and installation of	machinery					
	and equipment		[\$_	[□ \$ _	
	Construction or leasing of plant buildings and	d facilities		\$_	[□\$ _	
	Acquisition of other businesses (including the offering that may be used in exchange for the	assets or securities of another	۲-	٨	,	~ 7 .	
						վ\$^	
						_	
	Other (specify): Purchase syndicated televis		_	_			489,000
	programming, marketing expenses for station						
	and general corporate purposes.			\$	[] s _	
	Column Totals			\$	0 [489,000 000
17 de		D. FEDERAL SIGNATURE					
sign	issuer has duly caused this notice to be signed b	y the undersigned duly authorized person. If by furnish to the U.S. Securities and Exchange	ge Commissio	n, up	on written n		
Íssu	er (Print or Type)	Signature	Da	te			
Gua	rdian Enterprise Group, Inc.	The Ilm			her 12, 200	7	
,	e of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>		,	<u> </u>	
Nam	- · · · · · · · · · · · · · · · · · · ·						

5 of 9

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIG	NATURE				
1.			resently subject to any of the disqualification				
		See Appendix, Column	5, for state response.				
2.	The undersigned issuer hereby undertal D (17 CFR 239.500) at such times as		ministrator of any stat	e in which this notice is f	iled a not	ice on Form	
3.	The undersigned issuer hereby undert issuer to offerees.	akes to furnish to the state a	dministrators, upon	written request, informat	ion furni	shed by the	
4.	The undersigned issuer represents that limited Offering Exemption (ULOE) of this exemption has the burden of es	of the state in which this not	ice is filed and under:	stands that the issuer clair	itled to t ming the	he Uniform availability	
	er has read this notification and knows the horized person:	ne contents to be true and has	duly caused this notice	e to be signed on its beha	lf by the	undersigned	
lssuer (Print or Type)	Signature	1///	Date			
Guardia	n Enterprise, Inc.	All	May	September 12, 2	007		
Name (I	Print or Type)	Title (Print or Type	5				
Dale V.	Bring	Executive Vice Pr	esident /				

Dale V. Bring

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

American LegelNet, Inc. www.USCourtForms.com

	APPENDIX												
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 lification ate ULOE s, attach sation of granted) -Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No				
AL					 	 							
AK					 								
AZ													
AR													
CA													
со							L <u> </u>	 					
СТ						 	<u> </u>	 					
DE													
DC													
FL	X		Preferred	2	60,000				X				
GA							<u> </u>						
н		<u> </u>											
ID							·						
正													
IN	i												
IA													
KS													
KY		 											
LA													
ME													
MD													
MA													
MI		 -											
MN													
MS													

				API	PENDIX				
1	Intended to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 lification ate ULOE s, attach ation of granted) c-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
мо								 	
МТ	 ,- ,								
NE									
NV					 				
NH									
NJ									
NM	-								
NY									
NC									
ND									
ОН	Х		Preferred	12	316,000				Х
ОК					<u> </u>				
OR									
PA									
RI									
SC									
SD									
TN	х		Preferred	1	50,000				х
TX									
UT									
VT									
VA	X		Preferred	3	79,000				х
WA									
wv	_ 								
wı									

			· ·	API	PENDIX			······································	/
1	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 lification rate ULOE s, attach ration of granted) E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
WY									
PR									

